PENNIE & EDMONDS us DOCKET NO. 11038-156-999

DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

1 believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled CHOKE VALVE OF CLUTCH RELEASE CYLINDER

and which patent application bears attorney docket no. ____11038-156-999

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
10-2003-0073397	Korea	21/October/2003	YES ■	№ □
			YES 🗆	NO 🗆

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may joopardize the validity of the application or any patent issuing thereon.

	SIGNATURE OF INVENTOR 201			December 27, 2003	
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2	CITIZENSHIP	1	FOREIGN	CITZENSHIP	
	RESIDENCE &	CITY	STATE OR	COUNTRY OF	•
		LEE	JEONG-KYU		
	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	

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